

<div style="float: left; text-align: right; margin-right: 10px;"> <i>Filed</i> <i>6-7-04</i> </div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div>							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09705920</div>		FILING DATE	
APPLICANT(S)										
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
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TOTAL CLAIMS			18							